

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ONE FOR ALL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00752691
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY / /

Full Name of Payee The New Media Firm, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2022
Mailing Address 1730 Rhode Island Ave, NW Suite 213		Amount 234161.11
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Online Advertisements	Category/Type	Transaction ID : WFT20221022136-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2022
Name of Federal Candidate Barnes, Mandela, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The New Media Firm, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2022
Mailing Address 1730 Rhode Island Ave, NW Suite 213		Amount 8083.33
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Online Advertisements	Category/Type	Transaction ID : WFT20221022140-1 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2022
Name of Federal Candidate Barnes, Mandela, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	242244.44
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

May, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2022

Signature